



Government of **Western Australia**
Department of **Health**



Clinical Senate of Western Australia

Terms of Reference

2024-2026

Contents

Contents	2
1. Introduction	3
2. Vision	3
3. Purpose	3
4. Principles	3
5. Role	3
6. Membership	4
6.1 Chair	5
6.1.1 Immediate Past Chair	6
6.2 Deputy Chair	6
6.3 Executive Committee	6
6.4 Broader WA Clinical Senate Membership	8
6.5 Summary of Terms of Appointment	10
7. Issues for deliberation	10
7.1 Sponsor	11
8. Meetings	12
8.1 Invited Guests	12
8.2 Quorum	13
8.3 Code of conduct	13
8.4 Conflict of Interest	13
8.5 Proxies	13
8.6 Remuneration and expenses	13
8.7 Reporting	14
9. Monitor and Review	14
10. Secretariat support	14
11. References	14

1. Introduction

The WA Clinical Senate (the Clinical Senate) provides the Health Executive Committee (HEC) with informed advice, based on best practice and available evidence, regarding the improvement of clinical quality and health outcomes across Western Australia (WA). The Senate promotes clinical engagement to underpin healthcare reform.

The Clinical Senate functions under the authority of the Director General of the Department of Health (the Department) and is sponsored by the Assistant Director General, Clinical Excellence.

2. Vision

Engaged clinicians who actively inform decision making in the planning, design and delivery of quality health services of the public health system in Western Australia.

3. Purpose

To provide informed, impartial strategic advice to HEC on systemwide issues to improve the delivery of high quality, sustainable and efficient patient care for the benefit of all Western Australians.

4. Principles

The Senate's advice and leadership will be guided by the following principles:

- Connect clinicians from across the WA health system.
- Value and respect the diversity of clinicians and the settings and context within which they provide services.
- Value and respect consumer perspectives and focus on quality patient experiences and outcomes, respecting the diversity of people's experiences including groups that are at higher-risk of health inequities.
- Empowers clinicians to be actively involved in informing decision making.
- Fosters leadership to champion and influence health system reform initiatives within the Senate's sphere of influence.
- Provides a transparent mechanism for clinicians to provide feedback and input to health system leaders.

5. Role

The Clinical Senate is a mechanism for clinical leadership, collaboration with consumers and state-wide engagement to advise on system-wide improvements in healthcare services and health outcomes for Western Australians. The role of the Clinical Senate is to:

- Co-create constructive, impartial advice through informed discussions, that are inclusive, transparent and based on available evidence.
- Identify opportunities to improve patient outcomes through coordination and integration between organisations.
- Foster clinical leadership through shared learning.
- Champion innovation and health reform.

The Clinical Senate will fulfil its role by:

- Adopting the World Health Organization definition of health¹ recognising this requires consideration of a wider perspective.
- Identifying key issues for discussion in collaboration with senior leaders.
- Creating strong links and working collaboratively with key stakeholder groups.
- Integrating the varied knowledge, experience, and perspectives to improve the quality of services and health outcomes across the system.
- Implementing effective engagement and communication mechanisms.
- Providing timely, relevant and reasonable advice to the Director General and HEC.
- Fostering a culture of curiosity, innovation, growth-mindset and generative and deliberative discussions.

It does not:

- Provide advice on industrial matters.
- provide advice on specific operational matters of individual Health Service Providers (HSPs).
- Comment upon HSP performance.
- Advocate for individual clinicians or departments within HSPs.
- Lobby on behalf of professional bodies or organisations.

6. Membership

The structure of the Clinical Senate includes a Chair, Deputy Chair, Executive Committee and the broader membership. The Chair and Deputy Chair ideally represent different healthcare disciplines. Both roles can be drawn from any of the healthcare disciplines. The Clinical Senate membership is comprised of up to 80 multi-disciplinary clinicians, consumers and WA Health professionals. Clinician membership is reflective of all aspects of clinical care in WA and population health needs. Members are apolitical and non-representational. The Clinical Senate is a flat-line structure where members have equal power in decision making and engage freely in discussion.

Membership is drawn from across the WA health system. Members primary place of work and residence must be Western Australia. Members who no longer have their primary residence or primary employment in WA will be required to relinquish their membership with the Clinical Senate.

There are eleven (11) standing appointments made by the Department to the Clinical Senate. These are:

- Chief Medical Officer, Department of Health
- Chief Nurse and Midwifery Officer, Department of Health
- Chief Allied Health Officer, Department of Health
- Chief Dental Officer, Department of Health
- Chief Health Officer, Department of Health
- Chief Medical Officer Mental Health Commission
- Chief Psychiatrist, Office of the Chief Psychiatrist

¹ World Health Organisation Definition of Health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

- Executive Director Patient Safety and Clinical Quality, Department of Health
- Executive Director Health Consumers Council
- Chair, Royal Australian College General Practitioners, WA.
- Director Health Networks, Department of Health.

Standing members operate in an advisory position but have no voting rights.

Length of tenure is determined by time served in the associated position.

6.1 Chair

The Chair is an experienced and well-respected practicing clinician who has capacity to influence across the sector.

The Chair reports to the Director General through the Assistant Director General, Clinical Excellence Division.

Appointment

The Chair will be appointed via an expression of interest (EOI) process led by the Assistant Director General, Clinical Excellence Division. The Assistant Director General, Clinical Excellence Division may constitute a selection panel to assist in determining the most suitable candidate.

The Chair will be appointed for an initial two-year term, with the option to extend for a further term of up to two years by mutual agreement between the Chair and the Assistant Director General, Clinical Excellence Division.

The maximum tenure as Chair is 4 years. After this period the Chair cannot renew any form of membership for a period of one year, unless invited to undertake the role of the Immediate Past Chair on the Executive Committee, in which case this clause will be deferred during that period.

Responsibilities

The primary responsibilities of the Chair are to:

- Provide leadership, direction and oversight of the activities of the Clinical Senate.
- Fulfill the responsibilities and processes outlined in the Terms of Reference, together with the Senate Executive Committee.
- Act as the primary spokesperson, representative and advocate for the Clinical Senate.
- Build and maintain relationships with key stakeholders internal and external to WA Health.
- Represent the Clinical Senate in a range of meetings and forums.
- Appoint the Clinical Senate Executive Committee members.
- Oversee the general membership renewal process.
- Chair Clinical Senate Executive Committee meetings and Clinical Senate forums.

The Chair will attend HEC meetings and meetings with Health Service Chief Executives as required.

The Chair may be invited as an ex-officio member of various leadership and advisory groups.

The Chair may attend meetings with Chief Executives as appropriate to discuss WA Clinical Senate recommendations and other matters.

6.1.1 Immediate Past Chair

Appointment

The Clinical Senate Executive Committee, with the endorsement of the Assistant Director General, Clinical Excellence Division, may exercise the option to invite the outgoing Chair to remain on the Clinical Senate Executive Committee for up to one year post term.

Responsibilities

The key responsibilities of the Immediate Past Chair are to:

- Facilitate a seamless handover to the incoming Chair.
- Provide assistance and support to the Chair and the Executive Committee in relation to the operations of the Clinical Senate.

6.2 Deputy Chair

Appointment

The Deputy Chair shall be appointed by the Assistant Director General, Clinical Excellence Division via an EOI process. The Assistant Director General, Clinical Excellence Division may constitute a selection panel to assist in determining the most suitable candidate.

Recruitment to the Chair and Deputy Chair positions will ideally be staggered by alternate years to ensure continuity of knowledge.

The Deputy Chair will be appointed for an initial two-year term, with the option to extend for up to a further two-year period by mutual agreement between the Chair and the Deputy Chair.

The Deputy Chair is eligible to apply for the role of the Chair through the normal EOI process, should the position become vacant.

Responsibilities

- To assist the Chair as required.
- In the absence of the Chair, the Deputy Chair shall assume any of the roles of the Chair.

6.3 Executive committee

The Clinical Senate Executive Committee is a small multidisciplinary group that works collaboratively with the Chair.

Membership of the Executive Committee

The Executive Committee comprises:

- Chair
- Deputy Chair
- Immediate past Chair
- Executive Director, Health Consumers' Council WA
- Two to four experienced and respected health professionals with the aim of achieving balance in gender, age and perspectives, including the perspectives of First Nations people and the wider healthcare system.

Members may be selected for the purpose of developing leadership skills and executive experience.

The Assistant Director General Clinical Excellence or representative has a standing invitation to attend Clinical Senate Executive Committee meetings.

Appointment

Executive Committee members will be appointed via an expression of interest process overseen by the Chair and endorsed by the Assistant Director General Clinical Excellence.

Executive Committee members will be appointed for an initial three-year period with the option to extend for a second three-year term by mutual agreement between the Chair and the member.

No member of the Executive Committee shall serve on the Executive Committee for more than six years in total, inclusive of time served in any of the various potential positions (general member of the Executive, Deputy Chair or Chair).

Applicants for membership of the Senate Executive are not required to be existing members of the broader Senate. However, Senate members are welcome to apply. The majority of Clinical Senate Executive members will be practising clinicians.

The Chair will regularly review the performance, contribution and attendance of Executive members and address any concerns accordingly.

If the appointee's two-year term is vacated early, a 'casual appointment' may be made for the remainder of that term to enable consistency in term alignment. The length of the casual appointment will determine:

- The degree of adherence to the formal EOI process in making the initial appointment.
- The appointee's eligibility to apply for and complete a further two full two-year terms.

The Chair will aim to renew the membership of the Executive on a staggered basis to assist with succession planning and transference of corporate knowledge.

Responsibilities

The responsibilities of the Clinical Senate Executive Committee are to:

- Oversee and manage the activity of the Clinical Senate to fulfill its role.
- Develop and implement a two-year workplan including meetings, reviewing of Terms of Reference, Operating Procedures and Communications.
- Contribute to the planning, co-ordination and formation of advice for each Clinical Senate activity including meetings and out-of-session requests for input.
- Ensure deliberations and activities are consistent with the vision and principles of the Clinical Senate and conducted in alignment with the WA Health values.
- Identify potential risks and establish appropriate risk management processes.
- Represent the Clinical Senate Executive at whole of Senate membership forums.
- Promote the purpose of the Clinical Senate and outcomes from its activities.
- Represent the Clinical Senate at meetings with key stakeholders.
- Ensure regular and timely communication with members and other key stakeholders.
- Monitor and review the performance of the Senate.

The Executive Committee is the initial contact for all business of the Clinical Senate (via the Secretariat).

The Executive Committee meets once a month, or more frequently if required.

6.4 Broader Clinical Senate membership

The Clinical Senate is comprised of up to eighty (80) non-representational multi-disciplinary clinicians and consumers with appropriate skills and experience from across the WA health system to ensure a diversity of perspectives on system-wide issues relating to quality, sustainable and efficient patient care.

Acknowledging that many senior clinicians in Western Australia work in both the public and private sectors, additional clinicians from the private, community, primary care and not for profit sectors and consumer groups will be invited to Senate meetings at the discretion of the Chair and the meeting organising committee, dependent on the topic(s) being considered and the expertise required to inform discussions.

Clinical Senate membership

The membership will comprise:

- 70% front line clinicians, including junior clinicians and emerging leaders.
- 20% clinical managers to ensure an understanding of how the health system is governed, funded and managed.
- 10% consumer representatives.

All Clinical Senate members are experienced health professionals or consumers who are held in high regard by colleagues, have influence within their organisation/community and, if a clinician, perform regular clinical duties.

To strengthen the connection between health care organisations across the state, members should be active participants in relevant clinical committee structures or forums.

Appointment

Clinical Senate Members will be sought via an EOI process overseen by the Clinical Senate Chair. The EOI process is open to all clinical staff.

Applicants will be required to demonstrate the required attributes and indicate how they will fulfill their responsibilities.

Applicants employed by a Health Service Provider are required to have the written support of their Executive Director or Co-Director.

Department applicants will require the written approval of their Director.

Applicants will be shortlisted by a panel made up from members of the Clinical Senate Executive Committee and Alumni.

The panel will consider the experience, discipline and location of the applicant, balancing the mix of disciplines and circle of influence of the Clinical Senate membership.

The Clinical Senate Chair will submit a list of the recommended applicants to the HEC for consideration and endorsement. This endorsement represents support for the clinician to be released from clinical duties to participate in the Clinical Senate activities.

All Clinical Senate appointments are for three years, with the option to extend for a second three-year term. After this period a Clinical Senator cannot renew any form of membership for a period of one year.

Attributes of a Clinical Senator

- Enthusiastic, passionate clinicians and consumers with a drive to positively influence change in the delivery of health care in WA.
- A good understanding of the WA healthcare system.
- Reflect the diversity of WA, in relation to geography, disciplines, professions and seniority.
- Capacity to influence and improve quality of care, patient experience or health outcomes.
- Innovative thinkers who can help design new approaches to address contemporary clinical priorities aligned with the Enduring Strategies of the Sustainable Health Review.
- An understanding of best practice in fostering change in continuous improvement.

Responsibilities

- Pro-actively communicating with their clinical constituency and working collaboratively with stakeholders to raise and consider issues of strategic importance to both clinicians and patients.
- Actively preparing for and understanding the issues under consideration prior to Clinical Senate meetings.
- Sharing the perspectives they hold through their multiple roles in the health sector at Clinical Senate meetings.
- Championing the Clinical Senate meeting outcomes.
- Modelling the behaviour of clinical leaders.
- Attending at least two-thirds of the Senator Meetings each year.
- Declaring a conflict of interest if there is an issue under consideration that may have a direct influence on their ability to participate objectively.

Vacancies or termination of membership

Membership positions become vacant if a member:

- Ends their eligible term/s of service.
- Resigns from the Clinical Senate in writing.
- Resigns from clinical practice.
- Is absent from more than one third of Clinical Senate meetings in a year without providing a proxy.
- Behaves in a manner contrary to the code of conduct.

The Chair may appoint an appropriate replacement Clinical Senate member if a vacancy arises. The most recent expression of interest process may be accessed to identify a suitable replacement that maintains the balance of disciplines and location.

6.5 Summary of terms of appointment

Position	Terms
Chair	<p>The Chair will be appointed for an initial two-year period, with the option to extend for further term of up to two years.</p> <p>The Chair will be appointed for an initial two-year term, with the option to extend for a further term of up to two years by mutual agreement between the Chair and the Assistant Director General, Clinical Excellence Division.</p> <p>The maximum tenure as Chair is 4 years. After this period the Chair cannot renew any form of membership for a period of one year, unless invited to undertake the role of the Immediate Past Chair on the Executive Committee, in which case this clause will be deferred during that period.</p>
Immediate Past Chair	The outgoing Chair may be invited to remain on the Clinical Senate Executive Committee for up to one year post term.
Deputy Chair	The Deputy Chair will be appointed for an initial two-year term, with the option to extend for up to a further two-year period by mutual agreement between the Chair and the Deputy Chair.
Clinical Senate Executive Committee	<p>Executive Committee members will be appointed for an initial three-year period with the option to extend for a second three-year term by mutual agreement between the Chair and the member.</p> <p>No member of the Executive Committee shall serve on the Executive Committee for more than six years in total, inclusive of time served in any of the various potential positions (general member of the Executive, Deputy Chair or Chair).</p>
Clinical Senators	All Clinical Senate appointments are for three years, with the option to extend for a second three-year term. After this period a Clinical Senator cannot renew any form of membership for a period of one year.
Standing Members	Standing members operate in an advisory position but have no voting rights. Length of tenure is determined by time served in the associated position.

7. Issues for deliberation

The Clinical Senate Executive Committee will seek issues for deliberation from a range of stakeholders including but not limited to:

- Minister for Health
- Director-General and Health Executive Committee members
- Leads of professional offices (Medical, Nursing and Midwifery, Allied Health, Oral Health and Mental Health)
- WA Clinical Senate members

- Clinicians and health system managers who are not Senate members
- Consumers and/or carers

The Clinical Senate Executive Committee will review all suggestions and make a final decision having considered the following criteria:

- Issues of state-wide importance.
- Issue that impacts all disciplines, with all disciplines contributing to the
- Discussion.
- The issue affects multiple specialties and does not have a relevant state wide health network which could progress strategic discussions.
- The Clinical Senate can add value and effect change by discussing the issue.
- The perceived importance of the issue to, and the readiness and ability to engage with, the system, clinicians and consumers.

The Clinical Senate Chair will propose topics for the following financial year to the Health Executive Committee for endorsement by the 31 March. The HEC will nominate a Sponsor.

Additional meetings may remain flexible to respond to current issues and will require endorsement by the Director General of the Department or their nominated representative.

7.1 Sponsor

A Sponsor is to be nominated for each topic. Sponsors for topics can be nominated by the Director General, the HEC, or the Assistant Director General Clinical Excellence. The Sponsor is a critical partner in ensuring the topic focus is well defined with a clear output that is delivered through the meeting process.

The Sponsor is to have active and visible sponsorship, communicate directly and build strong relationships.

The Sponsor is to be in a position of relevant authority to make and influence decisions, enable connections, and provide system-level strategic guidance to ensure alignment with the system priorities.

The role of the Sponsor is to:

- Partner with the Clinical Senate Chair and Executive Committee to:
 - identify a clear topic focus and question for the Senate's advice.
 - guide the planning and delivery of the meeting to ensure the agreed output can be delivered.
 - assist with accessing information, expert witnesses, subject matter experts and content for the discussion
 - facilitate connections to key stakeholders relevant to the topic and output
 - alert the Clinical Senate to duplication of initiatives already addressing the selected topic by leveraging and connecting resources
 - assist with overcoming barriers to the planning and delivery of the meeting.
- Support the Chair and represent WA Health senior leadership at the Clinical Senate meeting by:
 - attending the full Clinical Senate meeting

- taking a role of presenting at the meeting on areas such as introducing the topic and strategic context, clarifying the specific advice required, and/or summarising the session.
- Providing support and guidance to the Chair on effectively reporting the findings and presenting advice to WA health-system executives by:
 - review the outputs and positioning the advice for greatest success of being positively received
 - writing a joint statement with the Chair as the Forward to the report
 - join the Clinical Senate Chair at the HEC when presenting the report and advice to.
- Provide feedback to the Clinical Senate on how the advice was considered.
- Be a champion of the Clinical Senate and the advice provided by
 - providing feedback to the Clinical Senate on how the advice was considered
 - advocating for and influencing take up of the endorsed advice as reasonably practical.

8. Meetings

The Clinical Senate will meet three times per year or as required. Consultation with members can occur out of session if required. Members may nominate a proxy should they be unable to attend a meeting. Members must notify the Clinical Senate secretariat and brief the proxy prior to the meeting to ensure they can participate actively at the meeting. Other guests, including additional representatives from the Department of Health will be invited to attend meetings at the discretion of the Chair. Attendance is limited to that particular meeting and any subsequent working group activity on that specific topic. Available technology may be utilised as a means of participating at meetings dependent on need and feasibility.

A suitable mix of meeting styles, structure and approach will be adopted based on the subject matter and requested deliverables. The opportunity to have focussed topics may include smaller focus meetings held virtually and face to face.

8.1 Invited guests

The Chair may invite additional attendees to Senate meetings based on their areas of expertise, or the position they hold. Such invitations may be of a standing nature or pertain to a particular meeting topic. It is expected that invited guests:

- Model the behaviour of healthcare leaders.
- Champion the Clinical Senate meeting outcomes.
- Actively preparing for and understanding the issues under consideration prior to Clinical Senate meetings
- Declare a conflict of interest if an issue under consideration may directly influence their ability to participate objectively.
- Actively participate in deliberations.

The following positions receive a standing invitation to attend:

- Director General the Department
- Assistant Directors General
- HSP Chief Executives

- Leads of professional offices (Medical, Nursing and Midwifery, Allied Health, Oral Health and Mental Health)
- Executive Director Patient Safety and Clinical Quality

8.2 Quorum

A quorum for a meeting of the Clinical Senate is 50% of members

8.3 Code of conduct

All Clinical Senate members and invited guests are expected to abide by the WA health system [Code of Conduct](#).

The Clinical Senate operates using Chatham House Rules - a principle according to which information disclosed during a Clinical Senate Meeting may be reported by those present, but the source of that information may not be explicitly or implicitly identified.

8.4 Conflict of Interest

Committee members must act with honesty and integrity, be open and transparent in dealings, and avoid a position possessing a conflict of interest. Any actual or potential conflicts of interest must be reported to the Chair and to other members if it is likely to have an impact on a discussion or decision being made by the Committee.

Members will not participate in discussions and will not vote on any issues in respect of which there is an actual or perceived conflict of interest.

8.5 Proxies

Clinical Senators should nominate a suitable proxy should they be unable to attend a meeting.

Clinical Senators must notify the Clinical Senate secretariat and brief the proxy prior to the meeting to ensure they can actively participate at the meeting.

Attendances of proxies are limited to a singular meeting and any subsequent working group activity on that specific topic.

It should be noted that an absence from more than one Clinical Senate Meeting a year without providing a proxy could terminate the membership of a Clinical Senator.

8.6 Remuneration and expenses

The Chair of the Clinical Senate's employer is eligible for reimbursement to cover costs of backfill (clinical and/or administrative) to replace the Chair for the agreed amount of time per fortnight.

Sitting fees are not offered to the Clinical Senate Executive Committee members or Clinical Senate except for consumers and carers.

Members living outside of Perth metropolitan area will, upon lodgement of an appropriate claim, be reimbursed for essential travel and/or accommodation costs in accordance with the following Mandatory Policies:

- [MP 0017/16 - WA Health Staff Air Travel Policy \(PDF 523KB\)](#)
- [MP 0150/20 - Travelling Allowance: Categories of Accommodation Policy \(PDF 330KB\)](#)

Eligible external Clinicians, Consumers and Carers will be remunerated for their participation in accordance with the Department of Health WA [Consumer, carer and community paid participation in engagement activities policy](#).

8.7 Reporting

A Report will be produced following relevant Clinical Senate meetings. The Chair will present the Clinical Senate's advice to the HEC for consideration via the Assistant Director General, Clinical Excellence Division. This report will be made available to Clinical Senate members via the relevant communication platform.

An Executive Summary, which contains a summary of the meeting highlights and advice will be distributed to stakeholders and made available on the Clinical Senate public website.

9. Monitor and review

A summary report of Clinical Senate activity will be completed every two years and made available on the Clinical Senate website.

The effectiveness of the Clinical Senate will be reviewed by the Executive Committee annually.

The review will consider how the Senate has performed against its work plan and how effectively it has advocated for issues of strategic clinical importance. Members and stakeholders may be surveyed to obtain feedback.

The outcome of the review may lead to changes to the Terms of Reference and membership of the Clinical Senate to ensure ongoing effectiveness.

The Clinical Senate Terms of Reference will be reviewed every two years or as determined by the Chair

10. Secretariat support

The Clinical Senate Secretariat is provided by the Department and sits within the Clinical Excellence Division to provide secretariate support.

The Clinical Senate Secretariat is responsible for operational effectiveness and will support the Chair in their role to oversee governance and administration of the Clinical Senate.

11. References

1. Sustainable Health Review. (2019). Sustainable Health Review: Final Report to the Western Australian Government. Department of Health, Western Australia
2. Independent Governance Review Panel. (2022). Independent review of WA Health system governance. Department of Health, Western Australia

Version Control

Version	Date	Endorsed - Date
---------	------	-----------------

August 2019	Endorsed by HEC
Revision 1 Draft January 2024	For submission to WA CS Executive Committee.
Final DRAFT	To be submitted to HEC (date to be decided)

**This document can be made available in alternative formats
on request for a person with disability.**

© Department of Health 2024

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.